



Changes to the CalOptima Health Medi-Cal (MC) Physician Administered Drug (PAD) Prior Authorization (PA) List & OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
August 20, 2026

Effective Dates	Brand Name [†]	Generic Name	Drug Category/Class	Strength	Dosage Form	Committee Action	
						MC PAD PA List	OneCare Formulary
10/1/26	Tezspire	tezepelumab-ekko	Asthma Rhinosinusitis with nasal polyps	210 mg/1.91 mL	Syringe, pen, vial	PA Required	PA Required
10/1/26	Rolvedon	eflapeggrastim-xnst	Chemo-induced febrile neutropenia	13.2 mg/0.6 mL	Syringe	N/A	PA Required
10/1/26	Loargys	pegzilarginase-nbln	Hyperargininemia in arginase 1 deficiency	2 mg/0.4 mL and 5 mg/mL	Vial	PA Required [^]	PA Required
10/1/26	Yuwiwel	navepegritide	Achondroplasia with open epiphyses	1.3 mg, 2.8 mg, 5.5 mg	Vial	N/A	Non-Formulary
10/1/26	Kygevvi	doxecitine/ doxribtimine	Thymidine kinase 2 deficiency	2 g/2 g	Powder packet	N/A	PA Required
10/1/26	Voxzogo	vosoritide	Achondroplasia with open epiphyses	0.4 mg, 0.56 mg, 1.2 mg	Vial	N/A	Non-Formulary
10/1/26	Saphnelo	anifrolumab-fnia	Systemic lupus erythematosus	120 mg/0.8 mL	Autoinjector, syringe	N/A	PA Required (NSO)
10/1/26	Baxfendy	baxdrostat	Uncontrolled hypertension	1 mg, 2 mg	Tablet	N/A	PA Required, QL: 30/30 days
10/1/26	Harliku	nitisinone	Alkaptonuria	2 mg	Tablet	N/A	PA Required, QL: 30/30 days
10/1/26	Icotyde	icotrokinra	Plaque psoriasis	200 mg	Tablet	N/A	PA Required, QL: 30/30 days
10/1/26	Nereus	tradipitant	Prevention of vomiting induced by motion sickness	85 mg	Capsule	N/A	PA Required, QL: 8/30 days
10/1/26	Cinqair	reslizumab	Severe Asthma	100 mg/10 mL	Vial	PA Required	PA Required
10/1/26	Exdensur	depemokimab-ulaa	Severe Asthma	100 mg/mL	Syringe	PA Required	PA Required
10/1/26	Komzifti	ziftomenib	Antineoplastic	200 mg	Capsule	N/A	PA Required (NSO), QL: 90/30 days
10/1/26	Idvynso	doravirine/islatravir	Antiretroviral	100 mg/0.25 mg	Tablet	N/A	Formulary, QL: 30/30 days

N/A=Not Applicable, NSO=New Starts Only, PA=Prior Authorization, QL=Quantity Limit, SL= Sublingual, SQ=Subcutaneous, [^]Effective date MCAL PAD: 1/1/27